

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/030230

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	I			I			51						
2		I					52						
3		I					53						
4		I					54						
5		I					55						
6	C	C					56						
7		I					57						
8		I					58						
9		I					59						
10		I					60						
11		I					61						
12		I					62						
13	C	C					63						
14		I					64						
15	I						65						
16		I					66						
17		I					67						
18							68						
19							69						
20							70						
21							71						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	13						TOTAL DEP.						
TOTAL CLAIMS	15						TOTAL CLAIMS						